



**PLANNER MEMBER
APPLICATION FOR
MEMBERSHIP & TRAINING**

PLANNER APPLICANT CONTACT INFORMATION

Full Name* [include industry designation(s)] _____

Email* _____ Position _____

Employer _____

Address* _____

City* _____ State* _____ Zip* _____

Phone _____

Chapter* _____ ~OR~ _____ At Large Chapter

Does SGMP have your permission to email membership information?

EMAIL* Yes No

Please confirm your federal, state or municipality agency’s rules or policies. Federal government employees are eligible for reimbursement of membership dues if approved by their agency. According to the Office of Personnel Management’s Training Policy Handbook under Title 5 USC §4109(b), the expenses of training can include membership when it is directly related to the training and/or precedent to undergoing the training. OPM also issued a “Fact Sheet on Certification and Certificate Programs” to the Chief Human Capital Officers with additional guidance. Membership is a requirement to attend and participate in multiple trainings (ten annually) offered by SGMP chapters.

State or municipality employees are not bound by the OPM’s Training Policy Handbook. Government planners who are not federal employees should consult with their appropriate Ethics Officer and/or General Counsel.

PAYMENT INFORMATION – ANNUAL DUES Government Planner \$55 Contract Planner \$140

Check Enclosed Payment Type: Personal Agency

Credit Card (Visa, MasterCard, AMEX) _____ Exp. Date _____

Cardholder’s Name _____ Signature _____

I certify that the information provided herein is complete and accurate. I pledge to abide by and support the SGMP code of ethics, bylaws, and policies, as they are now and as they may be amended. I understand that my application is subject to SGMP approval, that my membership is subject to adherence to the code of ethics, and that I will be formally notified by SGMP of either action(s).

Signature* _____ Date _____

*** Required Information**